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## BIB DATA SHEET

CONFIRMATION NO. 6219

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS                         | GROUP ART UNIT              | ATTORNEY DOCKET<br>NO.  |                                |
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| 10/686,144   | 10/15/2003<br>RULE  | 705                           | 3626                        | 4390 P 003  |                                |
| <b>APPLICANTS</b><br>Theodore Rodes JR., Winnetka, IL;<br>Paul F. Dittmann, Chicago, IL;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>05/03/2004             |   |                               |                             |   |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/MICHELLE LE/</u><br>Examiner's Signature | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>IL | <b>SHEETS DRAWINGS</b><br>6 | <b>TOTAL CLAIMS</b><br>58   | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>WALLENSTEIN & WAGNER, LTD.<br>311 SOUTH WACKER DRIVE<br>53RD FLOOR<br>CHICAGO, IL 60606<br>UNITED STATES   |   |                               |                             |   |                                |
| <b>TITLE</b><br>System and method for storing and retrieving medical directives  |   |                               |                             |   |                                |
| <b>FILING FEE RECEIVED</b><br>770  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               |                             | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                |